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PTO/SB/01 (10-00)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	60,449-079
	First Named Inventor	Otman A. BASIR
	COMPLETE IF KNOWN	
	Application Number	10 / 643,159
	Filing Date	August 18, 2003
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CAPACITANCE BASED HUMAN TOUCH ACTIVATION AND SWITCHING DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **August 18, 2003** as United States Application Number or PCT International (if applicable).

Application Number **10/643,159** and was amended on (MM/DD/YYYY) _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/430,892	12/4/2002	
60/404,018	8/16/2002	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 026096 OR ☐ Correspondence address below

Name **John E. Carlson**

Address **400 W. Maple Road**

Address **Suite 350**

City **Birmingham**

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ZIP **48009**

Country **United States**

Telephone **(248) 988-8360**

Fax **(248) 988-8363**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

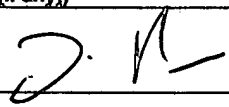
NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name **Otman A.**
(first and middle (if any))

Family Name **Basir**
or Surname

Inventor's
Signature



Date

Nov 17 / 03

Residence: City **Waterloo**

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Country **Canada**

Citizenship **Canadian**

Mailing Address **485 Claywood Court**

Mailing Address

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State **ON**

ZIP **N2T 2C6**

Country **Canada**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name **Vladimir**
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Family Name **Filippov**
or Surname

Inventor's
Signature



Date

Nov 17.03

Residence: City **Kitchener**

State **ON**

Country **Canada**

Citizenship **Canadian**

Mailing Address **F-5 31 Oprington Dr.**

Mailing Address


City **Kitchener**

State **ON**

ZIP **N2N 3B8**

Country **Canada**

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

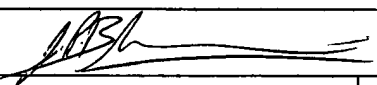

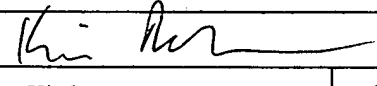
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DECLARATION	ADDITIONAL INVENTOR(S) Suppl mental Sh et Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jean-Pierre		Bhavnani	
Inventor's Signature 		Date <u>Nov 17, 2003</u>	
Residence: City Waterdown	State ON	Country Canada	Citizenship Canadian
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Mailing Address			
City Waterdown	State ON	ZIP LOR 2H4	Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Emil		Breza	
Inventor's Signature 		Date <u>Nov 27, 2003</u>	
Residence: City Beamsville	State ON	Country Canada	Citizenship Canadian
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Mailing Address			
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kristopher		Desrochers	
Inventor's Signature 		Date <u>Nov. 17, 2003</u>	
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Mailing Address			
City Kitchener	State ON	ZIP N2E 3P3	Country Canada

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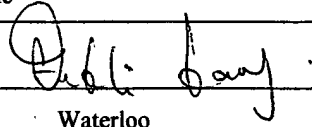
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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
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Inventor's Signature 		Date <i>Nov 17/03</i>	
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City	Waterloo	State	ON
ZIP	N2T 2G4	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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